

## MIDWIFE SERVICES

The MCOs are required to cover services provided by a participating Certified Nurse Midwife (CNM) should a Medicaid, FAMIS, or FAMIS MOMs member choose to receive pregnancy and delivery services from a midwife.

The MCOs are NOT required to cover services provided by a Certified Professional Midwife (CPM). However, the MCOs may provide coverage of participating CPMs as a value added benefit. A member should call the MCO to find out what they cover.

Pregnant Medicaid and FAMIS MOMs individuals who are new to managed care and have chosen to receive services from a non-participating midwife must request an exemption from managed care. FAMIS enrollees can NOT be exempted for this reason.

- These requests may be made by either the expectant mother or the midwife provider and should be submitted to DMAS as soon as possible. The request form must be signed by the member requesting exemption.
- Requests may be made by faxing the attached form to 804-786-5799, or by calling the Managed Care HelpLine at 1-800-643-2273.
- Exemption is granted only during the first 90 days of the initial managed care enrollment.
- A response to the exemption request is provided by DMAS to the expectant mother in writing and it is the expectant mother's responsibility to provide a copy of that response to the midwife providing services.
- Members who become pregnant or who find out they are pregnant after they have been MCO-enrolled for more than 90 days must use a MCO participating provider (midwife or OB).
- The midwife should verify eligibility for each individual prior to providing each service to determine if the individual continues to be eligible.
- Following the end of the pregnancy, member shall be required to enroll (in an MCO) to the extent she remains eligible for Medicaid.

## Managed Care Exemption Request Form

Date: \_\_\_\_\_

I hereby request continued coverage through straight Medicaid to be able to receive prenatal and delivery services through a Midwife.

Midwife name: \_\_\_\_\_

If you have questions or concerns, you may contact me at \_\_\_\_\_.

You may also contact my midwife \_\_\_\_\_ at \_\_\_\_\_.

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Medicaid ID#: \_\_\_\_\_

My estimated delivery date (EDD) is \_\_\_\_\_

Please fax this form to: 804-786-5799, Attn: Managed Care Exemptions